



FACILITATING ACTIVE RECOVERY MISSION

F.A.R.M. TEAM GRANT APPLICATION FORM

Information for Grantseekers

The FARM Team Scholarship Application Form was developed by volunteers of the FARM Team Board. Today, the Application is mainly used as a reference and a tool to grant money for appropriate causes. Before you submit a FARM Team Grant Application, be sure to check the website to see if you are eligible for the program, and if so, whether any additional supporting materials are required.

- Applications should be accompanied by a cover letter (no more than one page) in which you state your request and proposed use of funds. The letter should be signed by a witness supporting your cause.
- Fill out the application form completely.
- **PLEASE NOTE:** If you are applying for a scholarship into a drug and alcohol treatment facility it will not be necessary to fill out this form. In the case of application for treatment, please contact the FARM Team at info@thefarmteam.org.

F.A.R.M. Team Scholarship Application

You must submit your materials through the Foundation's on-line application system unless approved otherwise. You can access the application at www.thefarmteam.org.

The Foundation's website [www.thefarmteam.org] offers guidance in completing your materials and other general information. The application, cover letter, and letter of recommendation forms are available both as templates and PDF files on the website.

I, _____ have read and understand the conditions of the FARM Team scholarship as explained in the current Notes to Candidates for Scholarships. I affirm that I plan to pursue the path outlined in my application. I waive the right to access letters of recommendation written on my behalf. If selected as a FARM Team Scholarship recipient, I agree to participate actively in my recovery, and regularly check in with grant representatives. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date: _____ **Signature:** _____

Full Legal Name (type/print): _____

Permanent Address: _____

Recovery Home Address: _____
(If applicable)

Country if outside USA: _____

Cell Phone Number: _____ **Phone Number Other:** _____

Email address: _____

Date of Birth (MM/DD/YYYY): _____ **Age:** _____

How is permanent address established?

- Home address
- Family's permanent address
- Other _____

Name: _____

(Check one) I am a U.S. citizen U.S. national Resident alien expecting citizenship by the date of award

Will you be staying in the immediate area for the foreseeable future? Yes No

If yes, provide address/location: _____

Name of institution to be paid: _____

Current Balance _____ Accumulated over (provide dates): _____

Payments you made: _____

Legal consequences (if applicable): _____

QUESTIONNAIRE

Please use an additional sheet of paper if needed

- 1. Describe the path that has led you to the predicament that you are in now. Please include all relevant details leading up to the point where you chose to take a path to recovery.**
- 2. Describe the problem or needs financially in your situation. Please include any parties you have already exhausted prior to this point**
- 3. What are the three most significant priorities in your life at the moment?**
- 4. Describe what kind of solutions the scholarship will provide to you.**

Name: _____

6. What do you hope to accomplish after being awarded this scholarship, both short and long term?

7. Describe the steps you have taken to try and resolve the financial strain.

8. What additional personal information do you wish to share with the FARM Team?